



SUNRISE
CHILDREN'S FOUNDATION

Education and Nutrition
Bright from the Start



EARLY HEAD START
**ANNUAL
PROGRAM
REPORT**
2022-2023



Region IX

sunrisechildren.org

ABOUT US

At SCF, we believe that every child and family, regardless of their ethnic, cultural, or linguistic background, deserves the best possible care. With this in mind, Sunrise Children's Foundation EHS program offers comprehensive services to promote the mental, social, physical, and emotional growth of children and families from prenatal to age three.

Our programs go beyond education, providing children and their families with health, nutrition, mental health, social, and other support and resource services. We are committed to ensuring that parents are their children's primary educators and play a vital role in their children's development. As a federally funded program, SCF EHS aims to improve school readiness among children from low-income families. Our goal is to build positive parent-child relationships, promote family well-being, and establish connections with peers and the community.

SCF EHS has served Nevada's children for over 28 years, providing a full range of services from birth to age five to help them succeed. We offer Early Head Start Child Development Centers, Early Head Start Home Visiting programs, Nevada Ready Pre-K, Home Instruction for Parents and Preschool Youngsters (HIPPY), and WIC (Women, Infants, and Children) services to address the community's needs.

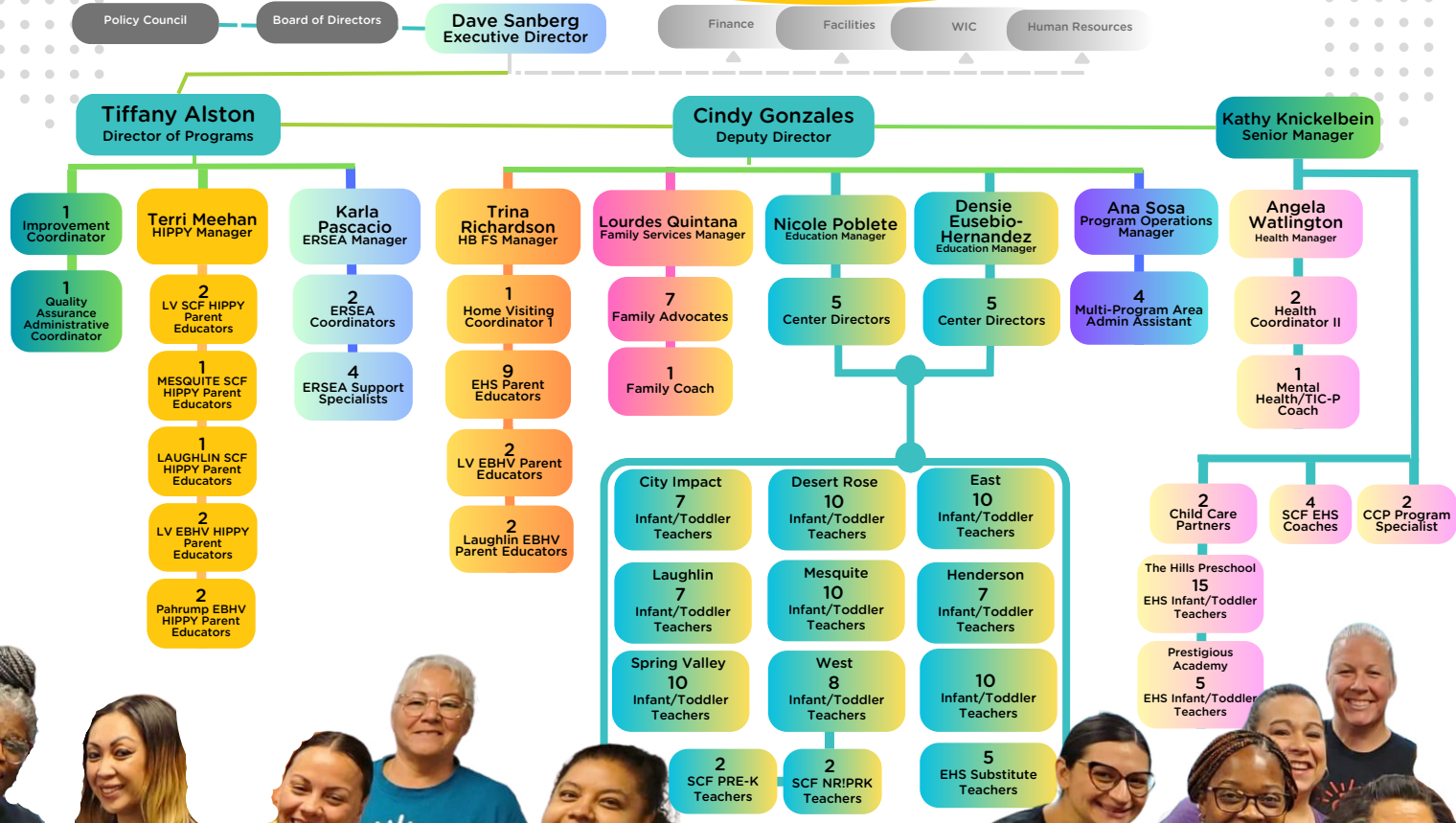
Our EHS program is available in Las Vegas, North Las Vegas, Henderson, and Boulder City, making it accessible to everyone in Nevada. Join us in our commitment to helping children and families achieve their full potential, promoting safe, healthy, and educated lives.

SCF Mission Statement:

Helping children fulfill their potential of safe, healthy and educated lives.



MEET OUR TEAM



At Sunrise Children's Foundation (SCF), parents and community members play a critical role in shaping their child's education and program operations. This collaborative approach, known as "shared governance," empowers parents to take part in essential decision-making processes and policy-making. SCF highly values the input of parents and community members alike.

To facilitate this process, SCF has established a formal structure that enables parents to engage in the decision-making process. This structure includes a governing body, the Policy Council, and parent committees. The Policy Council, which includes parent representatives from each Parent Committee and community representatives, has policy-making authority. Locally determined by-laws ensure clarity and consistency in the council's function and purpose.

Parent Committees are formed for each center and combined home base programs, offering parents of enrolled children the opportunity to get involved in the development of activities that promote their child's growth and development and connect them to community resources.

By involving parents and community members in shared governance, SCF aims to create a collaborative environment that supports their child's education and overall well-being.

SCF 22- 23 Policy Council Members

Hayley Gardner - Chair

Ashley Walls

Tina Matthews

Kara Ulrich

Teesha McCarver Crosby

Jaira Vaughns

Tamara Smith - Vice Chair

Estrellita (Star) Giron

Lisa Wilkins

Samantha Luna-Zuniga

Jessica Hammond

Miriam Aguirre

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J. Parker Kurlinski, M.D.

Co-Founder

Ann Lynch

Co-Founder

Michael E. Minden Victor Salerno

SCF Strategic Five Year Goals (2017-2022)

In collaboration with our governing body and policy council, we established five-year strategic goals in 2017. As we near the end of this goal cycle at the end of the 2022-2023 program year and prepare for the next five years, we are committed to making a positive impact not only with the families and children we serve but our community as well.

Education & Coaching

GOAL:

To provide high quality education and services to all qualified children and Families.

Expected Outcomes:

Expected outcomes include increased knowledge of social emotional practices, The Pyramid Model, and TPITOS. A foundation of trust, empathy, connectedness, and equity will be established, along with strategies to prevent challenging behaviors. Dual language learners will achieve widely held expectations, leading to positive child outcomes. Team members will learn to individualize and assess children, with more receiving coaching. Teaching practices grounded in school readiness skills will improve.

Health, Mental Health & Disabilities

GOAL:

To optimize the health, safety, and well-being of all enrolled children.

Expected Outcomes:

Expected outcomes include increased health screening and EPSDT rates, timely identification of health issues, improved understanding and utilization of IFSPs and IDEA, increased external referrals, decreased number of open concerns, and greater awareness and utilization of mental health and disability services and tools among team members and families.

Family and Community Engagement

GOAL:

Program will provide quality family and community engagement services that promote family well-being, strengthen parenting, parent-child relationships and supports family engagement in school readiness.

Expected Outcomes:

Increased responsiveness from parents and families.
Addressing unexpected family emergencies and providing appropriate support and resources in a timely manner.
Overcoming staffing challenges.



Enrollment

During the 2022-2023 program year Sunrise Children's Foundation was funded to serve 442 children and families; 328 children in child development centers and 114 children and families in our home visiting program.

The cumulative enrollment for the 2022-2023 program was 284 children and families including 15 expectant women. This was 67.4% of the funded enrollment, which is the reason for the Full Enrollment Initiative put in place by the Office of Head Start which requires us to be fully enrolled by January 2024.

SCF Early Head Start
FUNDED
Enrollment
442

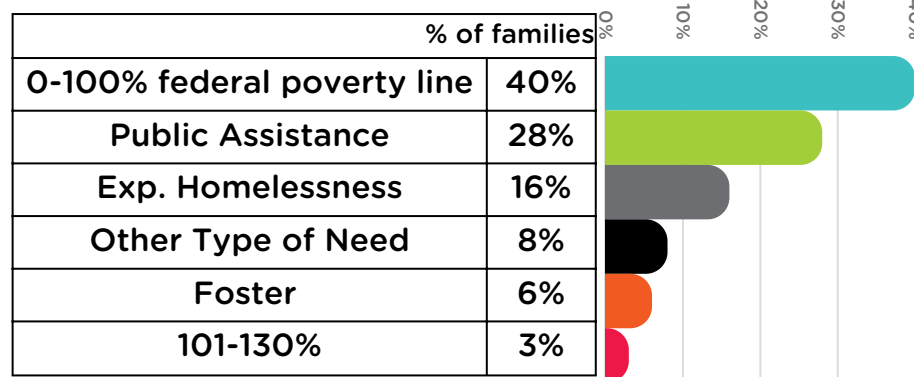
SCF Early Head Start
ACTUAL
Enrollment
284

269
Children
& Families

15
Expectant
Families

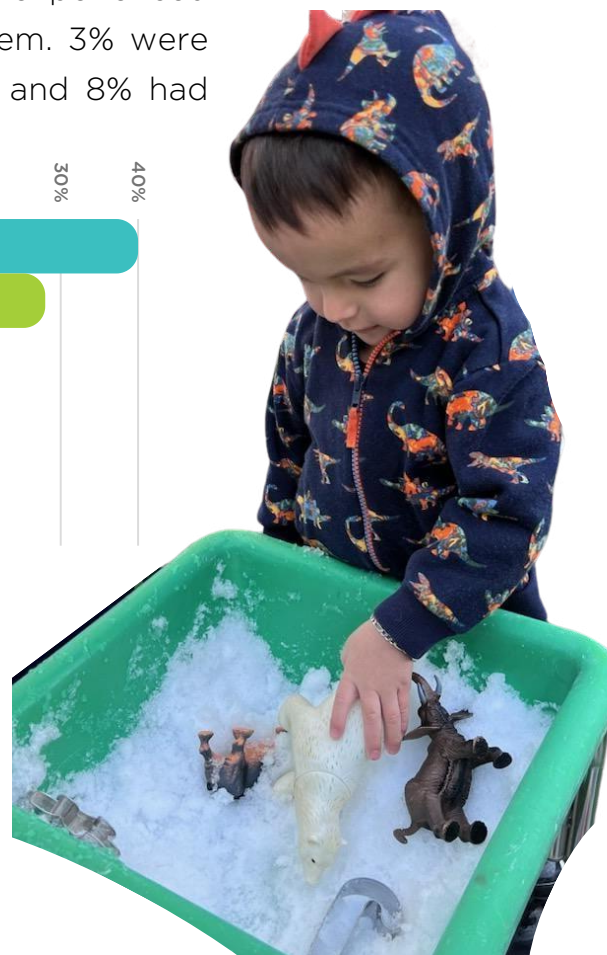
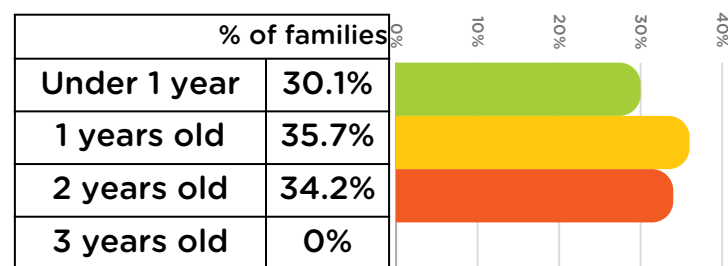
Primary Eligibility

40% of families were within 0-100% of the federal poverty line, 28% received public assistance, 16% experienced homelessness, and 6% were in the foster system. 3% were between 101-130% of the federal poverty line, and 8% had some other type of need.



Age of Child at Enrollment

30.1% of our children enrolled while they were under the age of 1 years old, 35.7% were one-2 years old, 34.2% were 2-3 years olds and since we transition children out of the program at 36 months we do not enroll children when they are 3 years of age.



Prior Enrollment

78 of our children were enrolled for a second year and 27 children were enrolled for three or more years.

Race and Ethnicity

Number and Percentage of All Families that identified as: includes expectant families	Total #	%	# Hispanic/Latino	# Non-Hispanic/Latino	
White	112	39.4%	91	21	91 21
Black or African American	110	38.7%	14	96	14 96
Biracial/Multi-Racial	41	14.4%	21	20	21 20
Other	13	4.6%	13	0	13
Asian	6	2.1%	0	6	6
Native Hawaiian/Pacific Islander	2	0.7%	2	0	2

Primary Language

Number and Percentage of families that reported their primary language at home as:

includes expectant families	Total #	%
English	220	77.5%
Spanish	59	20.8%
East Asian Language	1	0.01%
European/Slavic	2	0.7%
Portuguese (Brazilian)	2	0.7%

Dual Language Learners

84 of our families, 29.6%, reported their child is acquiring and or learning another language in addition to English and or are Dual Language Learners or children who are learning two or more languages.

includes expectant families	Total #	% of all families
Dual Language Learners	84	29.6%

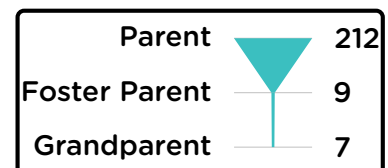
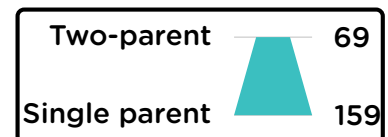
Parental Status

of the 269 children and families enrolled, more than one child may be enrolled in the same household giving us a total of 228 families served this program year.

Of the 228 families, 69 (30.3%) are two-parent families and 159 (69.7%) are single parent families.

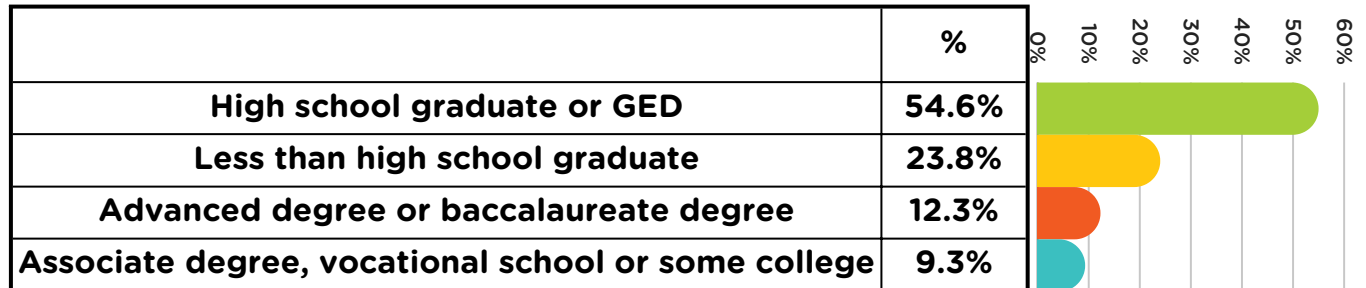
Of the 228 families, 212 (93%) report being the child's biological, adoptive, and or stepparent with 153 of these being families with a mother only and 2 with a father only. 9 (3.9%) report being a Foster parent and 7 (3.1%) reported being a grandparent.

Out of all our families we served, two have at least one parent/guardian serving on active duty in the United States military, while another ten families have at least one parent/guardian who is a veteran of the United States military.



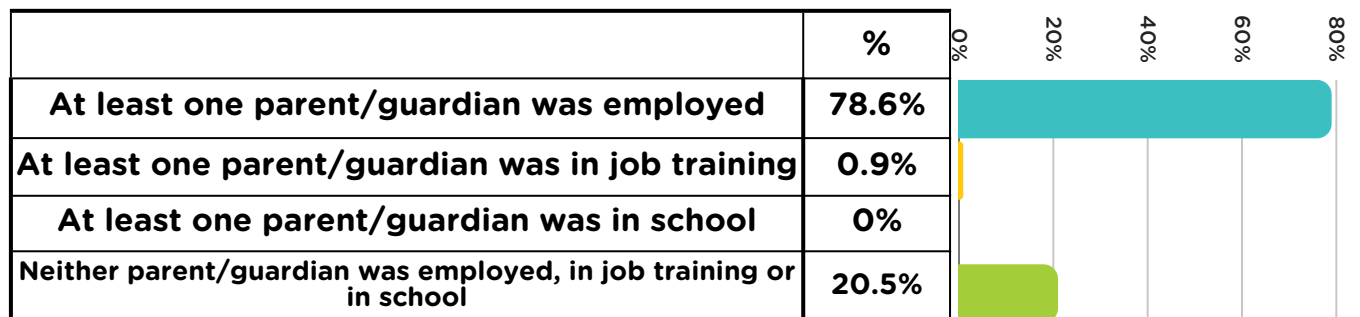
Parent/Guardian Education

Out of all our enrolled families, 23.8% have less than a high school education, 54.6% have a high school diploma or GED, 9.3% have some college education, vocational training, or an associate degree, and 12.3% have a baccalaureate or advanced degree.



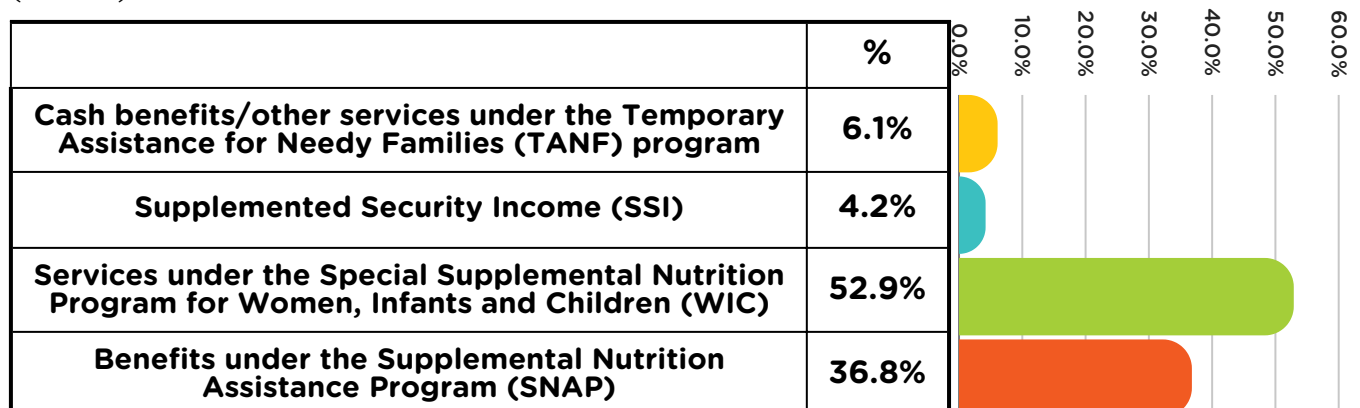
Parent/Guardian Employment, Job Training and School

Out of the enrolled families, 78.6% had at least one employed parent/guardian, while 0.9% had a parent/guardian in a job training program, and 20.5% had neither a parent/guardian that was employed, in job training or in school of any kind.



Federal or Other Assistance

Of our enrolled families 6.1% received Cash benefits or other services under the federal Temporary Assistance for Needy Families (TANF) program, 4.2% received Supplemented Security Income (SSI), 52.9% received Services under the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and 36.8% received Benefits under the Supplemental Nutrition Assistance Program (SNAP).



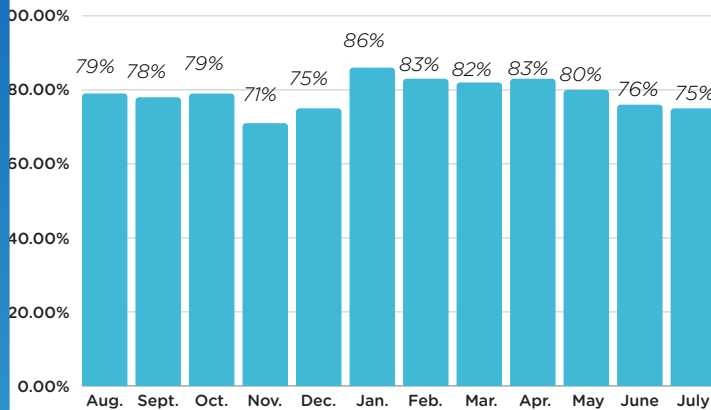


Child Development Centers - Center-base

Our goal is to have an average daily attendance (ADA) rate of 85%. However, we understand that chronic absenteeism can be a concern, and we aim to investigate any underlying reasons for this. If the monthly average daily attendance rate falls below 85%, we analyze the causes of absenteeism to identify any systematic issues contributing to the absentee rate. We use this information to make the necessary changes promptly as part of our continuous quality improvement plan.

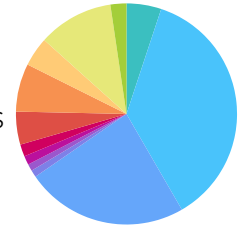
Average Daily Attendance

Throughout the program year we averaged a 79% ADA.



Absence Reasons

4,875 Total Absences



- 37% Sick
- 24% Family Time
- 11% Unexpected Absences
- 7% Transportation Challenges
- 5% Health Exclusions
- 5% Medical/Therapy Appointment
- 4% Leave of Absence
- 2% Covid Exposure/Quarantine
- 2% Transitioning Out
- 1% Family Emergency
- 1% Local School/Head Start Closed
- 1% Blank Absence Reason

Home Visiting

HSPPS 1302.22 Home-based option. an Early Head Start home-based program must: (i) Provide one home visit per week per family that lasts at least an hour and a half and provide a minimum of 46 visits per year; and, (ii) Provide, at a minimum, 22 group socialization activities distributed over the course of the program year.

We provide home visiting services to support expectant mothers and families with young children. Our focus is on educating families on child development, parent-child interactions, and family well-being. Due to staffing shortages, our home visitors met with all families bi-weekly instead of weekly. To maintain engagement, we provided additional socializations and a weekly newsletter with extra activities and resources.

Throughout the program year we maintained an average of 69% of all our home visits being completed.

69% Completed **18%** Canceled by Family
7% Family Did Not Show **6%** Staff Cancelled



As physical well-being contributes to a child's readiness for school, Early Head Start places a strong emphasis on the overall health and well-being of all the children we serve. All children receive health and development screenings, time for physical activity, nutritious meals, oral health and mental health support. Health services include hearing and vision screenings, and ensuring all children are up to date on their well-child health, oral health schedule and immunizations.

Our Children At End of Enrollment

Healthcare



- 100%** Had health insurance.
- 100%** Had an ongoing source of continuous, accessible health care.
- 58%** Were up-to-date on a schedule of age-appropriate preventive & primary health care

Immunizations



- 85%** Were up-to-date on all immunizations appropriate for their age.
- 4%** Meet the state's guidelines for an exemption from immunizations.

Dental



- 95%** Have continuous, accessible dental care provided by an oral health care professional which includes access to preventive care and dental treatment.
- 58%** Up-to-date age-appropriate preventative/primary oral health care or received preventative treatment.



Our Expectant Moms At End of Enrollment



- 87%** Had health insurance.
- 100%** Had an ongoing source of continuous, accessible health care



- 93%** received prenatal health care
- 73%** received postpartum health care



- 47%** received a professional oral health assessment, exam and or treatment



- 13%** received mental health follow-up
- received access to substance abuse treatment



- 100%** received education on the following services:
 - Fetal Development
 - Breastfeeding
 - Importance of Nutrition
 - Risks of alcohol/drugs/smoking



Oral Health

Per the Head Start Performance Standard 1302.43, we must promote effective oral health hygiene by ensuring team members assist children with brushing their teeth with toothpaste containing fluoride once daily. However, due to COVID-19, we temporarily paused this practice as it was considered a high-risk activity per the Southern Nevada Health District.

Instead, dental health kits consisting of an age-appropriate toothbrush, toothpaste with fluoride, and oral health information and activities - were given to children attending onsite care at one of our child development centers. We also distribute these oral health kits when we are recruiting in the community.



Nutritious Meals

Our child care center's partner with Acelero Learning and the federally-funded USDA CACFP program to provide free meals and snacks for children aged 0 to 3.

We comply with nutrition service requirements and Head Start Performance Standard 1302.44 to meet the needs of all children, including those with special dietary needs and disabilities. We aim to provide culturally and developmentally appropriate nutrition services while adhering to the CACFP program's guidelines. It is our goal to meet the nutritional needs and feeding requirements of each child and while we feed children on demand CACFP allows us to be reimbursed for 3 meals; a breakfast, lunch and PM snack. We do provide a mid morning snack that is not claimable through CACFP.

47,977 Total claimable meals thru CACFP were served to our children.

Breakfasts	15,892
Lunches	16,886
PM Snacks	15,199



We are committed to providing high-quality education and inclusive care to all children, including those with disabilities and or special needs. Our disabilities team works to support and develop individualized special care plans for enrolled children with disabilities, collaborating with local agencies and community partners to promote growth in the ECE and disabilities fields. We have systems in place to ensure all enrolled children have access to program services and activities, including those eligible for IDEA services.

Children with an IFSP/IEP*

Throughout the program year, the average percentage of children enrolled with an IFSP or IEP was 6.2% of our total funded enrollment with a cumulative enrollment of 51 children enrolled in the program who had an IFSP at any time during the program year. The Head Start requirement is 10% of the funded enrollment which means that we fell just short of the requirement. This is due to not all of our centers having open classrooms to enroll children among various other reasons. An IFSP indicates they were determined eligible by a Part C Agency to receive early intervention under the Individuals with Disabilities Education Act (IDEA).

Of the 51 children enrolled with an IFSP, 36 were determined eligible to receive early intervention services prior to this program year, 15 were found eligible during this program year and one child who was determined eligible to receive early interventions services did not receive services due to mom not wanting to go through with the process with the early intervention services.

*Individual Family Service Plan (IFSP) *Individual Education Plan (IEP)

IDEA Eligibility Determination

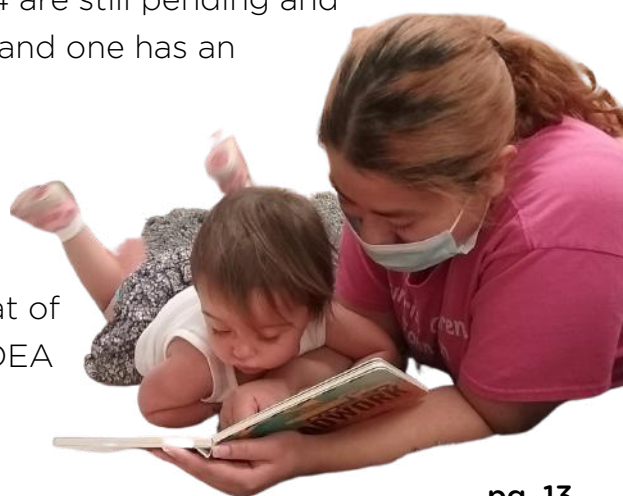
39 of our children were referred for an evaluation to determine eligibility under the Individuals with Disabilities Education Act (IDEA) during the program year. Of the 39 children referred, 31 received an evaluation to determine IDEA eligibility and 8 did not. Of the 31 that received an evaluation, 26 were diagnosed with a disability under IDEA and 5 were not diagnosed with a disability.

Of the 8 children who did not receive an evaluation to determine IDEA eligibility, 3 were due to a parent refusing the evaluation, 4 are still pending and not yet completed by the responsible agency and one has an other option that is not specified.

Children with an Open Concern

On average throughout the program year there were approximately 17 children a month with an open concern. An open concern is that of a child pending referral for evaluation under IDEA or receiving internal/on-going support.

Average of
6.2%
of
FUNDED
Enrollment



Screening and assessments play a crucial role in a child's education, not only to aid teachers in individualizing their approach for each child but also to identify any potential delays as early as possible in a child's life. This, in turn, can improve their readiness for school and their future outcomes. Screening young children is an efficient and effective way to monitor a child's development, celebrate milestones with parents, and identify areas for growth.

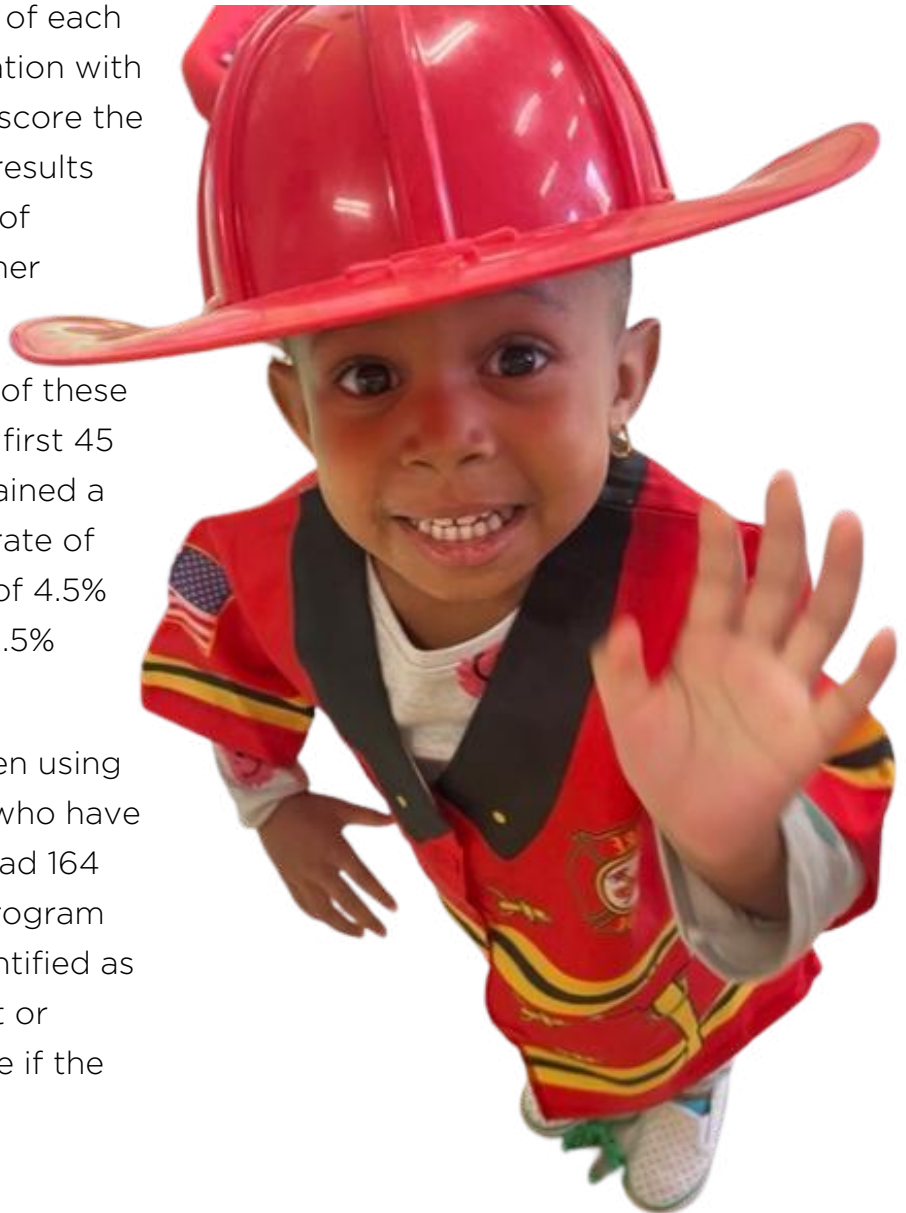


Screenings

To identify potential developmental delays, we use the Ages and Stages Questionnaire-3 (ASQ-3), which assesses children in Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social/Self Help skills. For social or emotional difficulties, we use the ASQ:SE-2, which evaluates children in seven key behavioral areas – self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. We conduct both questionnaires within 45 days of each child's enrollment, in collaboration with families. Educators can easily score the questionnaires and share the results with families to identify areas of concern and determine if further assessment is needed.

Our goal is to complete 100% of these screenings within each child's first 45 days of enrollment. We maintained a monthly average completion rate of 92%, with a monthly average of 4.5% of screenings pending and a 3.5% past due average.

While we screen all our children using these tools, other than those who have an IFSP or Therapy Plan, we had 164 newly enrolled children this program year and 10 of those were identified as needing follow-up assessment or formal evaluation to determine if the child had a disability.



Assessments

Our team utilizes "Teaching Strategies GOLD Online" (TSG) to assess each child's progression and generate reports. By comparing the results against widely held expectations, we can determine if each child's knowledge, skills, and abilities are below, meeting, or exceeding the norm for their age or grade level.

The term "widely held expectations" refers to the skills and abilities that children at a particular age or grade level typically demonstrate over a year of life or a program year. We collect this information four times a year during the baseline, winter, spring, and summer checkpoint periods.

Collecting this information is crucial for several reasons. Not only does it help families track their child's developmental progress, but it also allows educators to evaluate the effectiveness of their teaching strategies and measure school readiness.

To ensure that our education team members can make accurate assessments and individualize for each child, we require them to complete the Teaching Strategies Gold Interrater Reliability (IRR) certification process.

This online certification process allows teachers to evaluate sample child portfolios and compare their ratings with those of Teaching Strategies master raters.

By completing this process, our teachers are better equipped to accurately assess their students and use the TSG system with fidelity.

Over the course of the year we were able to maintain an average of 75.5% of our team being Interrater Reliable. This is mainly due to staff turnover.



CHILD DATA OUTCOMES

Our objective is to ensure that a minimum of 85% of all children meet or surpass the widely held expectations in the four developmental domains - Social Emotional, Physical, Language, and Cognitive. To achieve an accurate evaluation, we perform a baseline assessment in the fall that spans for 30 days, in order to have a clear understanding of the children's standing at the start of the year.

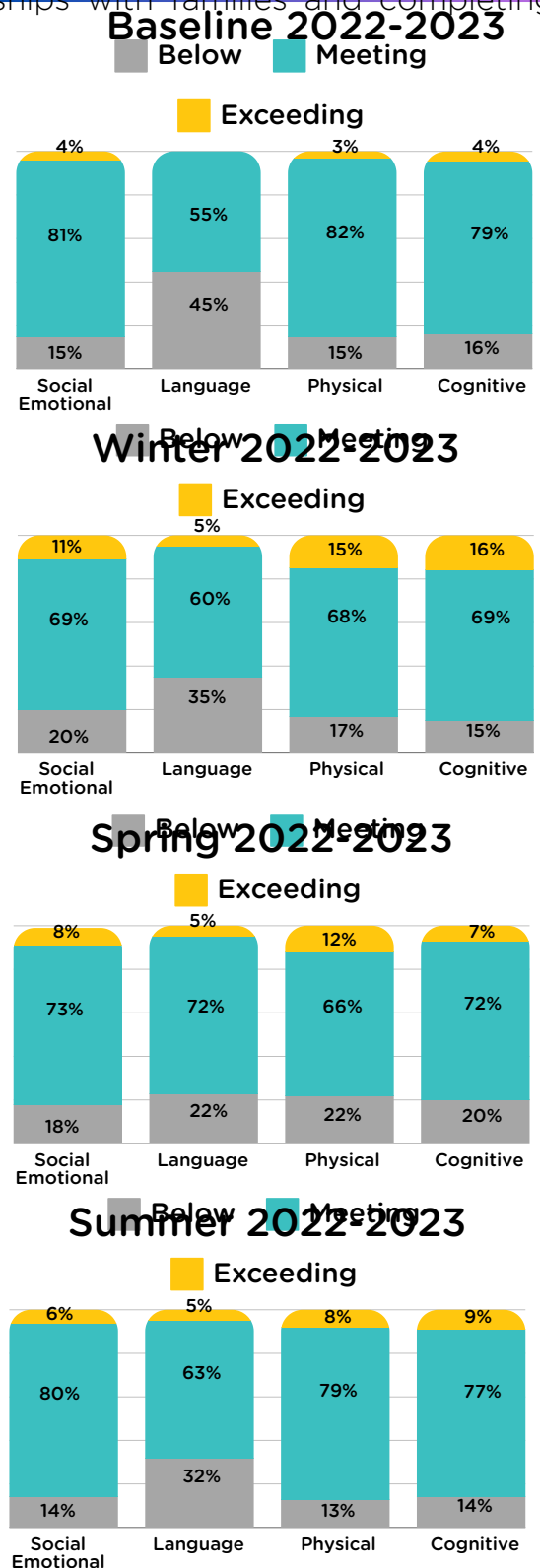
However, our home visiting team does not complete the baseline assessment, as they spend the first 30 days building relationships with families and completing other paperwork.

The baseline checkpoint revealed that 85% of the children were meeting or exceeding the widely held expectations in social emotional, 55% in language, 85% in physical and 84% in cognitive.

In the winter checkpoint, there was a 1% decrease in the social emotional domain, but a 10% increase in language development. Physical development saw a 1% increase, and cognitive development improved by 6%. The widely held expectations for developmental domains were as follows: 80% for social emotional, 65% for language, 83% for physical, and 85% for cognitive.

Moving to the spring checkpoint, social emotional development improved by 1%, language development increased by 12%, and cognitive development decreased by 6%. Physical development saw a 4% decrease. The widely held expectations for developmental domains were as follows: 81% for social emotional, 77% for language, 78% for physical, and 79% for cognitive.

Finally, in the summer checkpoint, there was a 5% increase in social emotional development, a 9% decrease in language development, and a 7% increase in cognitive development. Physical development saw a 9% increase. The widely held expectations for developmental domains were as follows: 86% for social emotional, 68% for language, 87% for physical, and 86% for cognitive.



Center-Base Curriculum

Our child development centers prioritize hands-on learning activities and playtime, following the research-based Creative Curriculum for Infant/Toddlers and Two's (CCIT2).

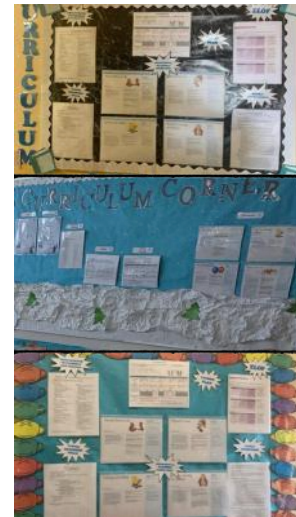
This curriculum is aligned with the Nevada Infant and Toddler Guidelines (NITG) and the Head Start Early Learning Outcomes Framework (ELOF). These frameworks provide measurable, developmentally appropriate expectations for children's knowledge, skills, and behaviors.



The Creative Curriculum highlights that children learn best through active exploration and discovery, without being told what they should learn. We tailor experiences and environments to meet the individual needs of our infants and toddlers. Our centers have made significant enhancements and adaptations to ensure the curriculum is presented effectively. We build our teachers' engagement of key features, and offer opportunities for parents to become lifelong educators for their child.

We encourage parents to be an active part of the decision-making process through our Curriculum Corner boards. These boards, created by our teachers, include group planning forms and curriculum visuals. We also include Intentional Teaching Experience (ITE) cards, which describe playful, engaging experiences that can be individualized to meet the needs of every child. Our teachers use Mighty Minute (MM) cards to support transitional experiences. Our boards also spotlight families, focusing on how they participate in their child's classroom daily routines or engage with their child at home. We display the ELOF domain and school readiness goal for the month, showcasing how our teachers align their lessons with them.

SCF Curriculum Board Examples



Home-Visiting Curriculum

We use the Parents as Teachers (PAT) curriculum in our home visiting program which is grounded in Human Ecology Theory and Family Systems Theory, with additional influences from developmental parenting, attribution theory, and self-efficacy theory. The curriculum aims to increase parent knowledge of early childhood development, detect developmental delays and health issues early on, prevent child abuse and neglect, and improve children's school readiness and success.



Quality Rating Improvement System (QRIS)

Our child development centers have received ratings from the Nevada Silver State Stars Quality Rating Improvement System (QRIS) program. This state-wide initiative was established in 2013 to improve quality standards and has five levels with a hybrid rating structure. Licensed center-based programs are eligible to apply, and ratings are based on a set of required criteria for each level, as well as an in-person Environment Rating Scale assessment.

Out of our eight child development centers, five have been rated, while three are still pending and are on the QRIS waitlist. The Hills Preschool and Spring Valley Campus, our Child Care Partnership centers, have both received five-star ratings.

Our West and Boulder campus have received four-star ratings, while our East campus has received a three-star rating.



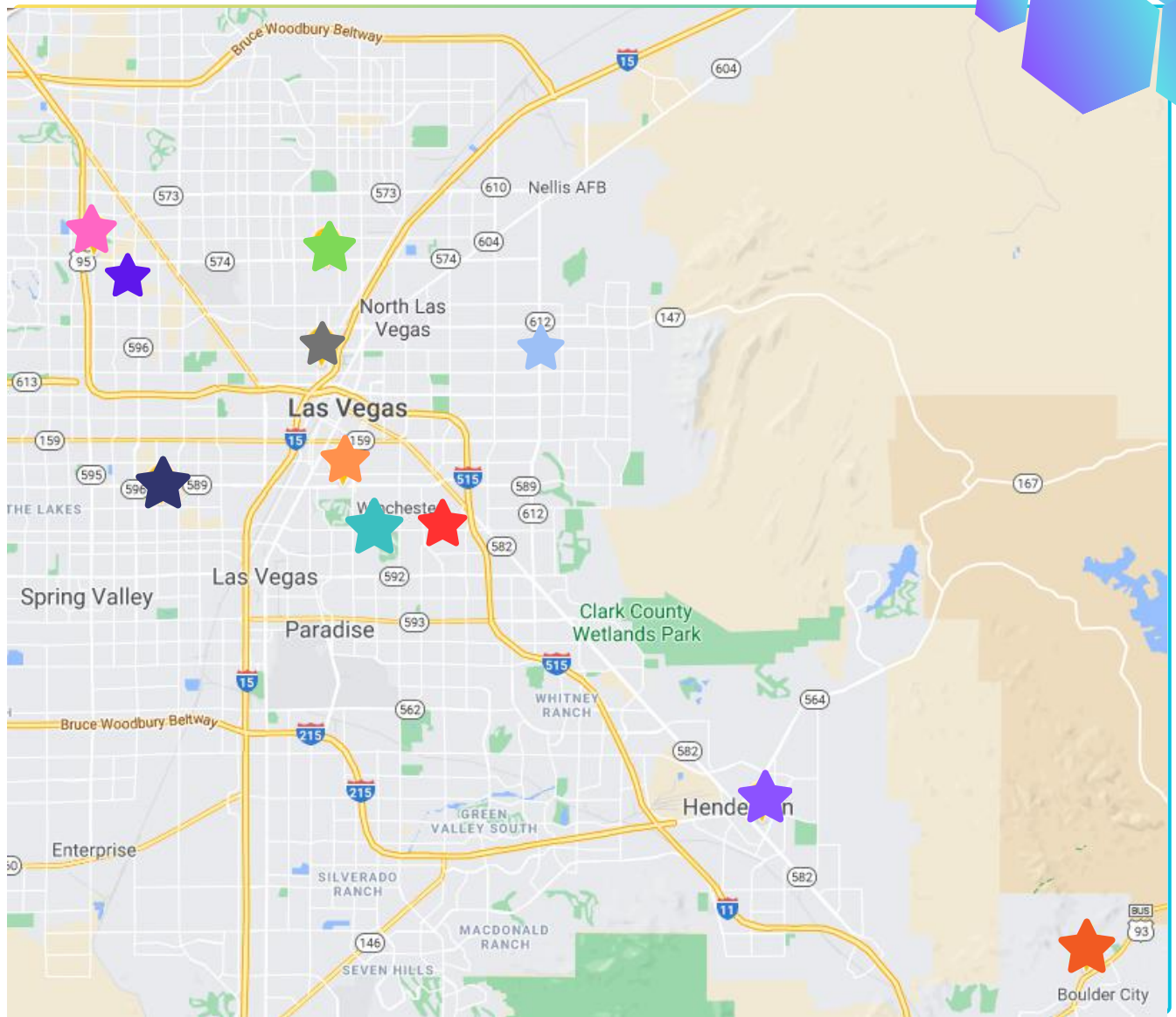
	STAR RATING	LAST ASSESSED
The Hills Preschool	★ ★ ★ ★ ★ =5	May 2021
SCF Spring Valley Campus	★ ★ ★ ★ ★ =5	March 2022
SCF West Campus	★ ★ ★ ★ =4	April 2022
SCF Boulder Campus	★ ★ ★ ★ =4	March 2022
SCF East Campus	★ ★ ★ =3	January 2022
SCF City Impact Campus	Pending	
SCF Desert Rose Campus	Pending	
SCF Henderson Campus	Pending	

Child Care Centers and Facilities

During the 2022-2023 program year, changes were made to child development centers including an increase in operating hours. However, due to a shortage of teachers and team members, the Northwest Campus had to close and the center license and lease will not be renewed. The North Las Vegas Campus was sold and we had to relocate, while the Boulder Campus closed temporarily due to a decrease in enrollment. The Desert Rose Campus remained closed until September 2022 due to COVID-19 restrictions. The team is expanding into the Mesquite Nevada area and identified a new childcare partner in Las Vegas. Additionally, playground renovations were made at several locations.



CHILD DEVELOPMENT CENTERS



DESERT ROSE CAMPUS

2 CLASSROOMS
16 CHILDREN



CITY IMPACT CAMPUS

3 CLASSROOMS
24 CHILDREN



SPRING VALLEY CAMPUS

4 CLASSROOMS
32 CHILDREN



THE HILLS PRESCHOOL

6 CLASSROOMS
48 CHILDREN



PRESTIGIOUS ACADEMY

4 CLASSROOMS
32 CHILDREN



BOULDER CAMPUS

1 CLASSROOMS
8 CHILDREN



HENDERSON CAMPUS

3 CLASSROOMS
24 CHILDREN



WEST CAMPUS

3 CLASSROOMS
24 CHILDREN



NORTHWEST CAMPUS

4 CLASSROOMS
32 CHILDREN



SCF EDUCATION CENTER

11 Home-Visiting CLASSROOMS
144 CHILDREN AND FAMILIES



We recognize that parents are their child's first and most important teacher. That's why we prioritize supporting and enhancing these relationships, as well as involving families in their child's growth and development.

We encourage parents and family members to volunteer in the classroom and attend community engagement activities as often as possible. These opportunities help to cultivate a tight-knit community and supportive environment for families.

In addition to fostering these relationships, we also strive to help parents develop their own skills and knowledge to better support their child's learning. With a variety of workshops and resources available, we cover topics ranging from early childhood development to positive discipline and age-appropriate activities. Over the program year we had 65 parent volunteers.

65
Parent
Volunteers

Family Connection Meetings

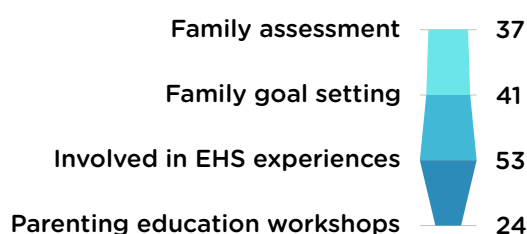
We hold regular Family Connection meetings where parents can receive training on school readiness goals and meet with Family Advocates, Parent Educators, Center Directors, and other parents. We offer resources, child development, and networking opportunities to provide support. During these meetings, our Policy Council representative shares program information and obtains parents' feedback.

Our objective is to foster a collaborative environment where families feel connected, supported, and involved in their child's education. We had over 253 families join one or more Family Connections meeting during the program year.

253
Families
Attended
one or more
Family
Connection
Meeting

Father Engagement

We had 37 fathers/male role models participate in family assessments, 41 in family goal setting, 53 in home visits, parent teacher conferences or other EHS activities, and 24 that participated in parenting education workshops.



We hosted "Painting with Pops" as a father engagement activity. This event was hosted online through ZOOM by our very own Education Manager. Many fathers and or father figures attended with their child as well as several moms and or female figures.



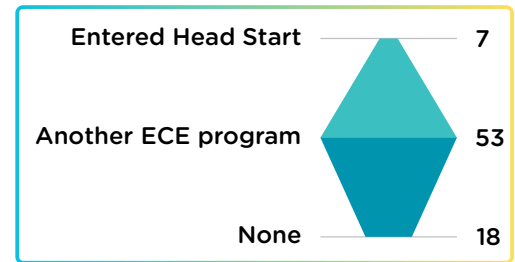
December 2022

Painting with Pops
Pintado con Papa

Transitions

Transition activities are a vital component in facilitating the movement of children and their families between different environments during the early childhood years. These may include transitioning from home to an Early Head Start (EHS) classroom, moving from a toddler to a preschool classroom, or preparing for the transition from preschool to kindergarten. Throughout the entire process, parents, team members, local school districts, and other child care settings collaborate to ensure a seamless and successful transition to the next environment.

Of the 145 children who left the program any time during the program year and did not re-enroll 11 were enrolled less than 45-days, and 78 aged out. Of the 78 that aged out, 7 entered a Head Start program, 53 entered another early childhood program and 18 did not enter any other early childhood program.



Parenting Curriculum ReadyRosie

Establishing respectful relationships with families is important in creating a welcoming and culturally responsive environment. We use ReadyRosie, a research-based parenting curriculum to empower parents and enhance their involvement.

Video playlists related to focused family outcomes are distributed monthly, and Family Advocates conduct workshops to actively engage families. By leveraging resources, the program fosters strong relationships with families and promotes positive outcomes.

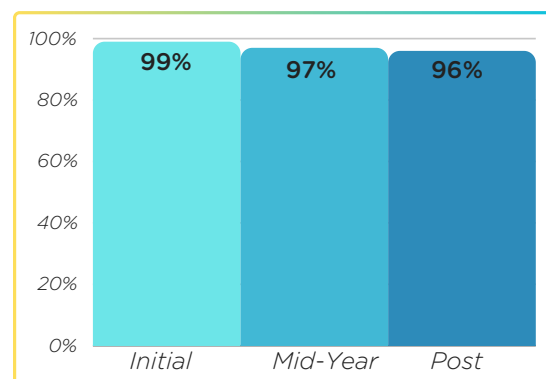


SCF 2022-2023 End of Year Celebration Family Accepting Donated Items.

Our Family Service Workers, including family advocates and parent educators, are dedicated to helping families meet their specific, immediate needs. We achieve this by utilizing a family partnership agreement, setting goals, and outlining clear action steps. Every family that we work with participates in an ongoing family partnership assessment and goal-setting process. We begin by completing a Parent Gauge family engagement assessment, and then setting goals and action steps.

Family Partnership Assessment

The Family Partnership process includes three Family Partnership Assessments Utilizing the Parent Gauge: Initial, Mid-Year, and Post (end of year). Currently, 99% of families have completed the Initial Assessment, 97% have finished the Mid-Year Assessment, and 96% of families completed the Post Assessments.



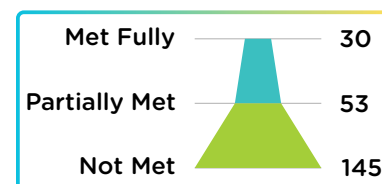
Family Goal Setting

We assist families in determining their needs and supports them in achieving their own goals, such as continued education, steady employment, financial security, and housing stability.

228 Family goals were set in 2022-2023.

Results

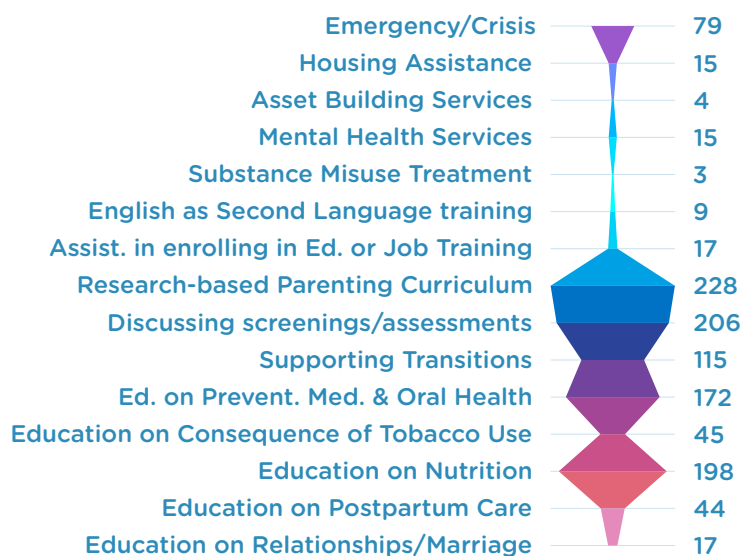
Of the 228 goals that were set, 30 were met fully, 53 were met partially and 145 were not met for various reasons.



Family Needs & Community Referrals

Throughout the year, families receive services and referrals to community resources for emergency crisis assistance, housing/utility assistance, mental health, ESL classes, GED classes, job training, child abuse, health/medical care, relationship/marriage education, parenting education, and asset building services.

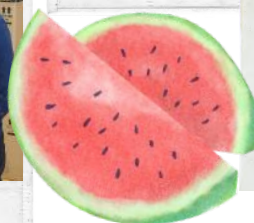
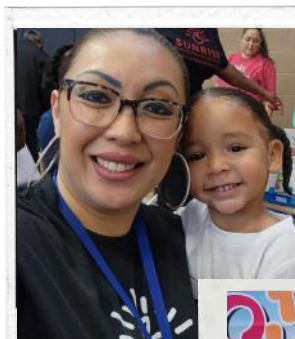
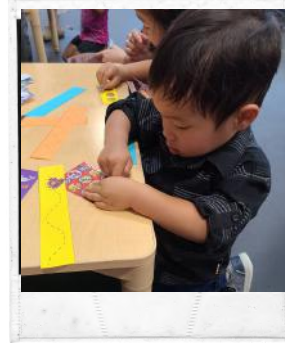
of FAMILIES that received the following referral for the following service to promote family outcomes:



School Readiness Goals
5a: All children will explore, build and use a variety of art materials.
5b: All children will express initiative.



Splash Pad!
Bring your water clothes



FAMILY ENGAGEMENT

COMMUNITY PARTNERS

To meet the needs of the diverse population of families and children we serve, we use the relationships we have with other organizations to provide a range of services to assist families.

Albertson's

Barbara Lee & Bruce Woollen Foundation

3 Square Food Bank

Clark County School District

Foundation for Positively Kids

Nevada Head Start Association

Southern Nevada Children's First

Southern Nevada Immunization and Health District

St. Jude's Ranch

United Way of Southern Nevada

UNLV School of Dentistry

Anthem Blue Cross and Blue Shield

Bennet Family Foundation

City Impact

East Valley Family Services

MGM Resorts Foundation

Opportunity Village Job Discovery Program

Southern Nevada Health District

Southern Nevada Regional Housing Authority

University of Nevada Cooperative Extension

SUNRISE
CHILDREN'S FOUNDATION



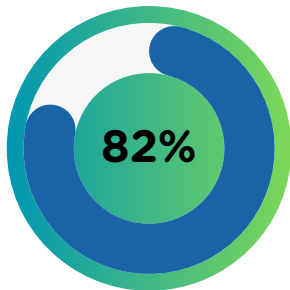
PARENT SURVEY

We are dedicated to offering high-quality services to all enrolled families and children, and we value the opinions of our families. To obtain feedback, we regularly conduct parent surveys. In June, we distributed a survey in both English and Spanish through a QR code and flyers posted at our centers. The survey was open from June 13th to June 27th, and participants could select their preferred language within the survey.

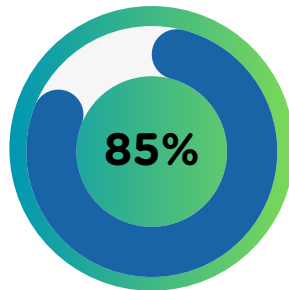
61% of all families completed the survey. Among these, 11% responded in Spanish. However, due to our home visiting team being in the middle of re-enrollment and end-of-year items with their families, as well as some parent educator turnover, it was challenging to encourage our home-based families to take the survey.

61%
of families
COMPLETED
the survey.

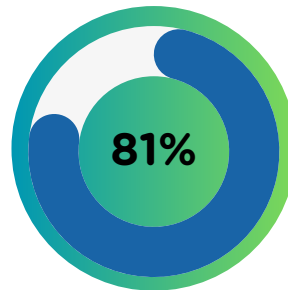
11%
of families
responded in
Spanish



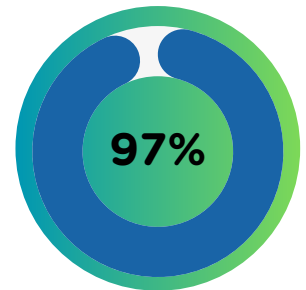
82% of surveyed families feel that we prioritize and respect their involvement in their child's education.



85% of families feel we honor their families culture and values.



81% of families indicated that they feel comfortable discussing any potential developmental or behavioral concerns with their child's teacher, home visitor, family advocate, or program supervisor.



97% of surveyed families are overall satisfied with the Early Head Start program.

"This program has been wonderful for my children and my family. We're able to work and our children are learning and growing tremendously in this program."

"I needed help while working. As a single mom of 4 it was impossible to work effectively while caring for a 2,3 and 5 year old. My daughter LOVES everyone at school and looks forward to it everyday. It's an extended family for her and I'm very thankful."

"Sunrise does an amazing job at ensuring that all children's needs are met, and providing a positive learning environment. I wanted that for my children."

TOP 3 PREFERRED METHODS OF BEING CONTACTED



**TEXT
MESSAGE**



**PHONE
CALL**



E-MAIL

99%
of families
would
recommend
Sunrise
Children's
Foundation
EHS programs
to family and
friends.

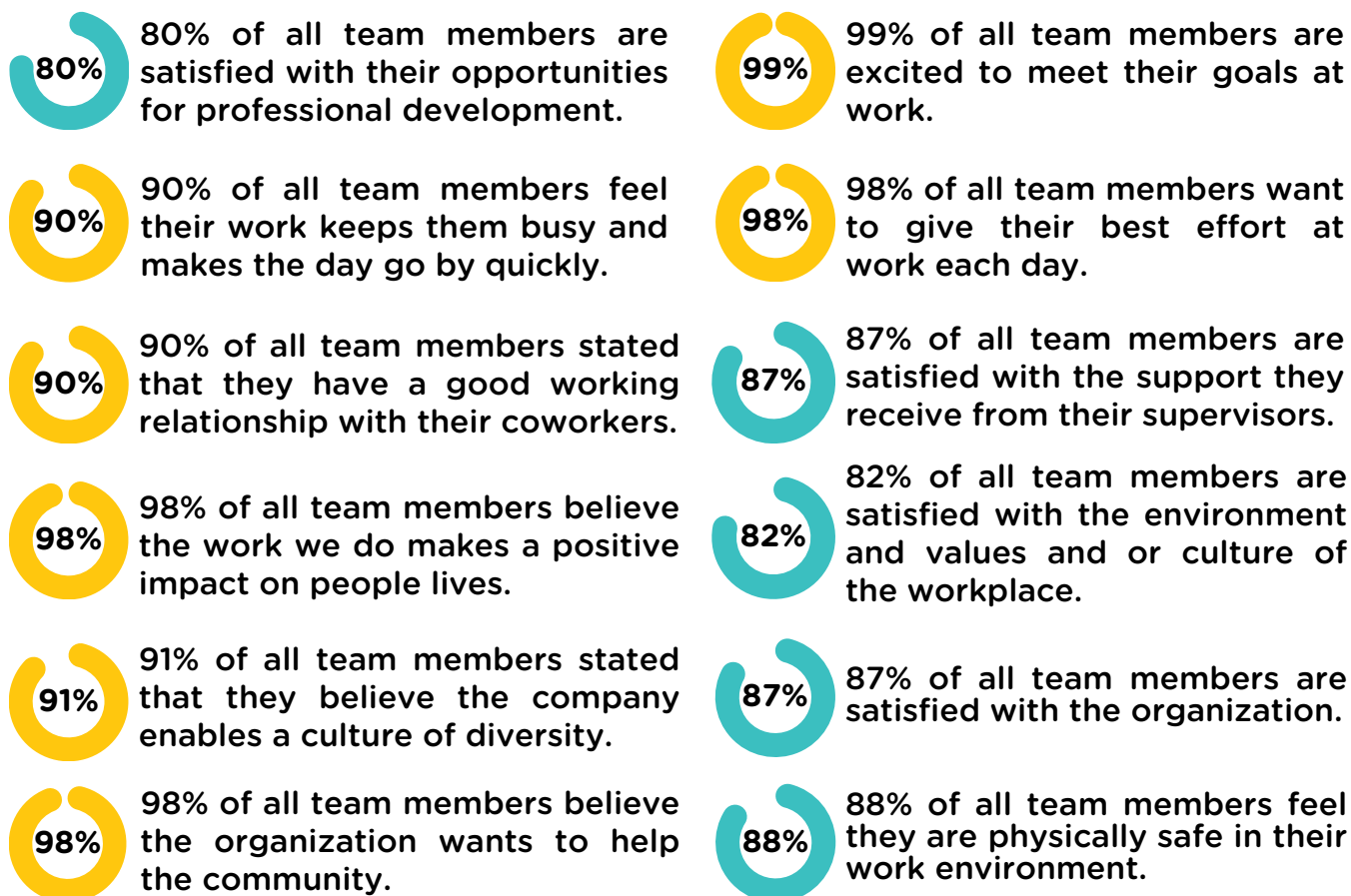
82%
of families
responded
that we were
able to meet
their needs
through the
information
and resources
we provided.

"Everything your program has done for my child and family has helped us. Thank you."

EMPLOYEE SATISFACTION SURVEY

EMPLOYEE SURVEY

62% of SCF team members responded to the survey.



"Senior management has done an amazing job at valuing the rest of management's voices, opinions and ideas. They've provided resources for the rest of the managers to do the same with their teams in an intentional and strategic manner."

"At sunrise there's more to than just being a teacher, I like how we are given opportunities to grow."



"Sunrise helps families within the community and I feel like just as an important member of the team as if I was part of leadership."

"SCF is dedicated to improving the lives of children and families in need. Aristotle had said "Give me a child until he is 7 and I will show you the man.". That is why SCF's mission is so noble and impactful. By working at SCF, I can see the impact of my work firsthand, which can be incredibly rewarding. "

"I have seen many positive changes in my time at SCF, including mental health support for staff, wellness weeks, additional holidays, and a more positive, inclusive work environment."

"I love working FOR children and families and LOVE the mission of the organization. I also LOVE the leadership team and the opportunities I have had to grow and advance not only in my job, but in my career field as well."



"I have noticed that the culture has improved a lot. I feel like employees are encouraged to share ideas more. It's a great place to work. I think it's rare these days for people to find a job they enjoy going to everyday."



COMMUNITY NEEDS ASSESSMENT

Every five years, a comprehensive Community Needs Assessment is conducted to identify critical components, long and short-term goals, and areas that require attention, adhering to Head Start Program Performance Standards. The assessment includes information on the service area, demographics, child development programs, available resources, and community strengths. SCF developed a custom survey to aid the process, generating 110 responses that produced qualitative and quantitative data used for interpretation. The assessment is updated annually to provide a complete view of Clark County's resources and programming.

Areas of Opportunity:

- **Childcare Deserts:**

Almost one-third of Clark County residents live in areas with limited access to childcare services, especially in the more rural areas of Laughlin and Mesquite. This is particularly concerning as a high percentage of residents who live in childcare deserts also live in high poverty areas, making it even more challenging for parents to access quality childcare services.

- **Foster Children:**

The data shows that a small percentage of foster children are being served by SCF. This highlights a need to expand SCF's services to better support these vulnerable children and families.

- **Homelessness:**

Homelessness continues to be a significant issue in Clark County, and the data confirms the need for more comprehensive support services to address this challenge.

- **Mental Health and Wellbeing:**

The prevalence of individuals experiencing mental health issues continues to rise, with Nevada being ranked 49th in the nation for supports and service provisions. SCF's survey results reveal that zip codes associated with North Las Vegas, Henderson, Boulder City, Laughlin, and Mesquite all fall into areas of greatest need. Supporting the need for embedding and strengthening systems related to the promotion of positive mental health and wellbeing.

Recommendations

- ❖ **Expand into rural Clark County making services accessible in Laughlin & Mesquite.**
- ❖ **Support Community stakeholders with developing transitional childcare for families experiencing homelessness.**
- ❖ **Increase access for EHS Family Child Care (Kith & Kin and Family, Friend and Neighbor).**
- ❖ **Strengthen and create opportunities for Emerging Leaders and ECE field.**
- ❖ **Strengthen and increase services and resources for foster families.**

We conduct an annual "Program Self-Assessment" in accordance with Head Start Performance Standard 1302.102(b)(2)(i). We collaborate with the Policy Council, Governing Board/Board of Directors, enrolled families, and team members to ensure that the assessment is comprehensive and equitable.

This process involves using ongoing monitoring data collected throughout the program year to focus on key performance indicators, and support our informed decision making process. The 2022-23 Program Self-Assessment areas that were assessed include employee and family satisfaction, in addition to assessing HR systems.

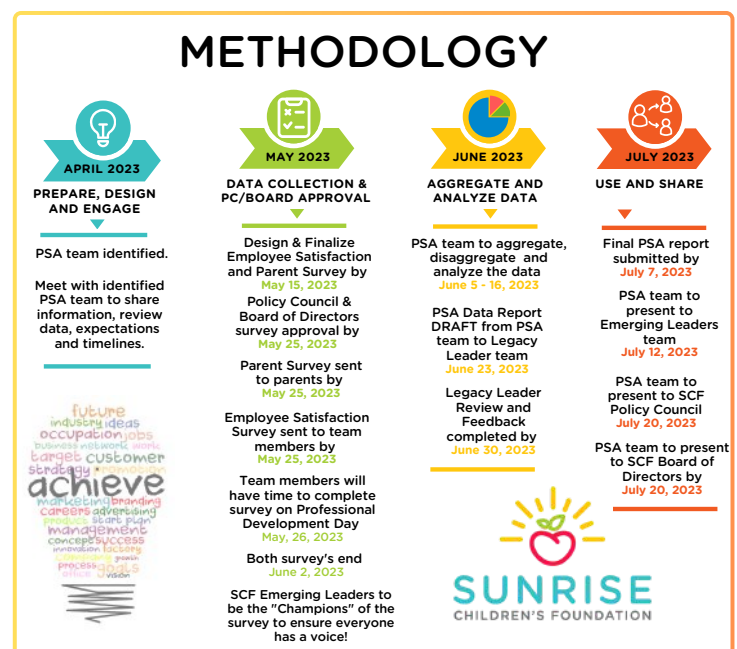
Tools that were used included our parent and employee satisfaction surveys, as well as employee stay and exit interviews. We gathered valuable data to help us identify strengths, and opportunities in services and practices to families, current team members, and attracting, hiring, and retaining a high-quality workforce. Additionally, the collected data is used to foster program-wide continuous quality improvement.

Our 2022-23 assessment focused on key performance indicators, including:

- Strengthening the culture and climate of all SCF and CCP team member workspaces
- Increasing and strengthening the awareness, understanding and knowledge of mental health and wellbeing
- Increasing the promotion of Mental Health and Disabilities services offered.

After conducting our annual Program Self-Assessment (PSA), we recognized the importance of merging our PSA with our annual program goals and objectives.

Since they are all interconnected and identified through different program monitoring cycles and our annual focus area PSA approach, it made sense to combine them. As a result, our new 2023-2024 CQI Program Goals and Objectives are now included in our PSA attachment. To demonstrate the impact we have on the community, we will directly include Community Impact goals and objectives in our grant application and annual updates moving forward.



ANNUAL PROGRAM INFORMATION REPORT (PIR)

Submitting the Program Information Report (PIR) is an annual requirement. The PIR contains comprehensive data on various aspects such as the number of children served, program services, staffing, activities and more. The Administration for Children and Families relies on this information to respond to Congressional and public inquiries about the Head Start program. Our PIR was submitted on August 17, 2023, two weeks ahead of the deadline of August 31st.

MONITORING REVIEW

No federal monitoring visits occurred during this reporting period.

FULL ENROLLMENT INITIATIVE

SCF received notification of under-enrollment status on January 24, 2023. To address this, we submitted a Full Enrollment Initiative Plan on March 10, 2023, which identified temporary factors, labor shortages, and workforce issues as root causes. SCF has been participating in Full Enrollment Initiative meetings and trainings to meet full enrollment by January 2024.

NON-FEDERAL SHARE

The Head Start Act section 640(b) emphasizes the importance of non-federal share (in-kind) contributions, which require 20% of the grant amount to be generated through local resources or in-kind donations. The purpose of these contributions is to engage families and the community while creating additional resources to support children and their families. By encouraging in-kind donations, families become more intentional about their activities and efforts to enhance their child's school readiness skills.

Community partners can offer in-kind donations such as rent-free spaces and other services. Also, families can contribute in-kind donations or services by participating in parent-child activities aligned with their child's individual school readiness goals, attending policy council and parent meetings, volunteering in the classroom, and documenting time spent with their child during therapy or early intervention.

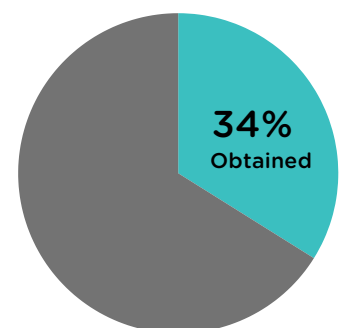
Unfortunately, due to pandemic restrictions and challenges with the In Kind database, the required 20% non-federal share was not met.

Budget period:

Non Federal Share Required: \$2,119,733

Non Federal Share Obtained: \$718,582

Non Federal Share Waiver amount: \$1,401,151



EHS Grant Financial Report

Grant Period:

December 1, 2022 - November 30, 2023

Total EHS Grant Budget: \$11,249,927

Total Actual Expenses: \$8,105,285

Total CACFP Funds Reimbursed: \$246,950

Expense	Budgeted Amount	Percent Expended
Personnel	\$ 4,834,743	70 %
Fringe Benefits	\$ 894,549	84 %
Training & Technical Asst.	\$ 161,283	209 % ①
Office Supplies/Print/Copy	\$ 47,250	104 % ①
Classroom/Child Supplies	\$ 132,068	97 %
Food Service/Supplies	\$ 465,576	60 %
Contractual/Professional	\$ 298,307	245 %
Occupancy	\$ 812,890	117 % ①
Insurances	\$ 185,517	61 %
Auto/Mileage/Travel	\$ 16,956	289 % ①
Other Misc.	\$ 1,777,893	6 %
COVID Funds	\$ 613,804	102 % ①
Equipment from Rollover	\$ 687,000	0 %
Indirect	\$ 704,111	101 % ①

① The over 100% lines will be absorbed by the other State revenues.



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